

Warrick County Health Department
107 W. Locust St., Suite 204
Boonville, IN 47601

Phone: (812) 897-6105 (Ext.5)

Fax: (812) 897-6104

Application for 2022 Food Permit: Permanent Establishment

All fields must be completed.

| Business | | | |
|--|------|-----------------------------|-----|
| <i>Facility Name:</i> | | | |
| <i>Physical Address:</i> | | | |
| Street | City | State | Zip |
| <i>Mailing Address (if different):</i> | | | |
| Street | City | State | Zip |
| <i>Phone Number:</i> | | <i>Fax Number:</i> | |
| <i>Email Address:</i> | | | |
| <i>Certified Food Safety Employee(s):</i> | | | |
| <i>Manager / On-Site Supervisor:</i> | | | |
| <i>Business Hours:</i> | | <i>Number of Employees:</i> | |
| <i>Has ownership changed within the last 12 months?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| <i>Type of Business:</i> <input type="checkbox"/> Permanent <input type="checkbox"/> Mobile / Temporary* | | | |
| <small>*This application is for permanent establishments only. Mobile/ Temporary facilities need to obtain the proper application.</small> | | | |
| Owner | | | |
| <i>Owner Name:</i> | | <i>Phone Number:</i> | |
| <i>Mailing Address:</i> | | | |
| Street | City | State | Zip |
| <i>Phone Number:</i> | | <i>Fax Number:</i> | |
| <i>Email Address:</i> | | | |
| <i>Which address should permit be mailed to?</i> Facility Owner | | | |

Permit Fee Schedule:

| Number of Employees | Permit Fee |
|-------------------------------------|------------|
| 1 Thru 5 <input type="checkbox"/> | \$75 |
| 6 Thru 25 <input type="checkbox"/> | \$100 |
| 26 Thru 50 <input type="checkbox"/> | \$125 |
| 51 or more <input type="checkbox"/> | \$150 |

Amount of Fee Submitted: \$ Method of Payment: Cash___ Check ___ Money Order: ___

***A late fee of \$50 will be charged for applications received after the deadline of February 28 for renewal. ***

Signature_____

Date_____

Printed Name_____

Title_____

For office use only: Permit#_____